

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: R & B ARCH/E-ARCH	CHAPTER 100.1
Address: 94-912 Kumuao Street, Waipahu, Hawaii 96797	Inspection Date: March 1, 2019 Annual

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

STATE OF HAWAII  
OFFICE OF HEALTH CARE ASSURANCE  
STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – "Miralax powder 17gm in 8 oz of water daily PRN" ordered on 8/6/18 does not indicate the reason for as needed use. Medication label and MAR does not indicate reason for as needed use.</p> <p>Resident #1 – "Desoximetas 0.25% cream, apply topically to affected area BID PRN" ordered on 2/2/2018 does not indicate the reason for as needed use. Medication label and MAR does not indicate reason for as needed use.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES, I did. The indication for the Miralax 17 gm in 8 oz of water daily PRN, for constipation is now on the medication label as well as in the MAR.</p> <p>The Desoximetas 0.25% cream apply topically to affected area BID PRN is now with indication. It is indicated for skin rashes; and this indication is on the MAR and the medication label.</p> <p>I called the physician for Resident #1 to obtain a telephone order for both of these medication &amp; the indication for both PRN medication.</p>	<p>3/2/19</p> <p>19 MAR 15 AM 1:19</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b><u>FINDINGS</u></b> Resident #1 – “Prazosin HCL 2mg cap” medication bottle with expiration date 11/10/2018 found in medication bin</p> <p>Resident #1 – “Lisinopril 5mg tab” medication bottle with expiration date 01/13/2019 found in medication bin.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>YES I corrected the deficiency right away by calling the physician for Resident #1 to obtain a new medication refill.</i></p> <p><i>I discarded the expired medication appropriately by mixing it in old ground coffee put it in a Ziplock bag &amp; throw it in our household trash.</i></p>	<p>19 MAR 15 AM 1:49</p> <p>STATE OF MA DEPARTMENT OF STATE LICENSING</p>

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Licensee's/Administrator's Signature: Remedios A. Aguinaldo

Print Name: REMEDIOS A. AGUINALDO

Date: 3/12/19

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